

FILED JUL 11 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1421 West 3rd. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 81 years (Specify whether years, months or days)
In this community 81 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 West 3rd. St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NETTIE WISE LANG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife John E. Lang 6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased May 13 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Delton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name William E. Wise
13. Birthplace McConnelstown Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rolla J. Lopp
(b) Address Sedalia

17. (a) Burial (b) Date thereof 6/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamonta, Mo.
18. (a) Signature of funeral director Eyes Dillard
(b) Address Sedalia, Mo.

19. (a) 6/27/47 (b) Betty Yeager
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1947 hour 3 15 minute P M.

21. I hereby certify that I attended the deceased from April 6, 1946, to June 25, 1947, that I last saw him alive on 6-25, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon (Transverse)

Due to _____

Due to _____

Other conditions (Include pregnancy, within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Boger (M. D. or other) MD
Address Sedalia, Mo. Date signed 6/27/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

80
6
4

80
6
4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Jedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.